Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO Box 2	Public Instruction 02501 IT 59620-2501		School Year 2005- 2006 Oue to School Clerk June 1		
Elementary District Respons	sible for Reimbursing the Co	ontract	County	<u> </u>	Legal Entity
High School or K-12 District	Responsible for Reimbursi	ng the Contract	County		Legal Entity
Garfield County H S	3		Garfield		0378
Is this contract shared be ☐ yes ☐ no		high school?	·		•
Are you applying for isola (If yes, please attach exp	olanation)	□ No	Student Name	School	Grade
ISOLATION: Section 20-10 rates for special circumstance increased rates, individual c trustees of the district, the control Public Instruction. (10.7.116)	ces of isolation of residence ircumstances must be revieu ounty transportation commi	e. In order to receive wed and approved by the ttee, and the Office of	Student Name	School	Grade
Check here only if increased District Trustees and the Co	f payment due to isolation h	as been approved by the	Student Name	School	Grade
	Initia yes □ no yes □ no	ls 	Student Name	School	Grade
County Approval Parent or Guardian Nam	yes □ no		THIS CONTRACT IS FO Grades 1-12		
	,		☐ 1st Semester Only	□ 2nd Semester On	lly Both Semesters
Alan & Marla Pluha Physical Address (street			Pre-kindergarten/Kinder ☐ 1st Semester Only	garten ☐ 2nd Semester On	ly □ Both Semesters
Distance from home to n Elementary 0 HS Contract is for one-w Students in Each Grade Level - C	earest bus stop, if any (§ 5 ay only	one way)	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,	days per week da
insured driver will transpo 2. In March and June, the D transported for the past s 3. The payment shall be cor	t or provide transportation for th or the students. Mileage contra istrict shall pay the parent the s emester. mputed on the basis of the sche ate at the end of the school yea	County, hereing estudent(s) to and from the schoots are valid only when transporteum officially approved in the applique established in Section 20-10 or or when the student(s) is no lon	, and school district (distract referred to as the District(s). after referred to as the District(s). ol or bus stop on the days when school is in ation for the distance reported on the contralication upon certification by the teacher or po-142, MCA, and the information accompany iger enrolled in school, whichever occurs first	session. The parent or guar ct actually occurs. rincipal of the school of the nuring this contract.	
High School District Garfield County H S	Chair, Board	of Trustees			Date
	<u> </u>	I attest that the above	e information is true and correct.		
Signature - Parent or Guar	rdian			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity	
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity	
Garfield County	HS				Garfield		0378	
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade	
County Approval	□ yes	□ no □ no			THIS CONTRACT IS FOR	OR:		
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters	
Anne Green Physical Address (s	treet address	only):			Pre-kindergarten/Kinder		ly Both Semesters	
, ,		,			KINDERGARTEN/PRE		bour demesters	
Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 6					Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid	es <u>with</u> other school- times per day, times per day, es <u>without</u> other scho	days per week days per week days per week pol-age students: days per week	
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week	
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	nool Clork June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your	
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a	
Spec. Ed. Trans					copy for your files.	NDERTO. Ocha oligina		
Room & Board					RI	EIMBURSEMENT R trict, county and OPI		
Correspondence					,		,,	
Reg. Contingency					Reimb	oursement rate is determent 20-10-142, MCA.	mined by	
Spec. Ed. Contin.						20-10-142, IVIOA.		
Agreement between	ı parent (pare	nt name)		County harain -	, and school district (dis	,	······································	
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	fter referred to as the District(s) I or bus stop on the days when school is i		dian assures that a licensed and	
insured driver will t 2. In March and June	ransport the stude , the District shall p	nts. Mileage con	tracts are valid	only when transportati	ion for the distance reported on the contra ation upon certification by the teacher or p	act actually occurs.		
	be computed on the				142, MCA, and the information accompaner enrolled in school, whichever occurs fir			
Elementary School			rd of Truste		er ernoned in sorioo, whichever docurs in	.	Date	
High School District Garfield County H S		Chair, Boa	Chair, Board of Trustees Date					
			I attes	t that the above	information is true and correct.			
Signature - Parent or	Guardian					Date		

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO Box 202501 Helena, MT 59620		: Di			
Elementary District Responsible for Re	eimbursing the Cor	ntract	County		Legal Entity
High School or K-12 District Responsi	ble for Reimbursin	g the Contract	County		Legal Entity
Garfield County H S	,	g	Garfield		0378
Is this contract shared between e	lementary and h	igh school?	Garrieid		0070
□ yes □ no	,				
Are you applying for isolation stat (If yes, please attach explanation ISOLATION: Section 20-10-142, MC/)	□ No eased reimbursement	Student Name	School	Grade
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM provided in the county transpublic Instruction.)	ces must be review sportation committe	ved and approved by the ee, and the Office of	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	sportation Committ	ee.	Student Name	School	Grade
HS District Approval ☐ yes	Initials □ no □ no		Student Name THIS CONTRACT IS FO	School	Grade
County Approval yes Parent or Guardian Name: (Pleas	e Print)		Grades 1-12		- 5 4 6
Dallas Taylor	,		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Physical Address (street address	only):		Pre-kindergarten/Kinder ☐ 1st Semester Only	rgarten □ 2nd Semester Only	□ Both Semesters
			KINDERGARTEN/PRE		
Distance from home to nearest so Elementary 0 HS 43	chool (one way)		Kindergarten child ride by this contract: To or from Bus Stop	es <u>with</u> other school-ag	ge students also covered days per week
Distance from home to nearest but Elementary 0 HS 0	us stop, if any (o	ne way)	To or from School Kindergarten child ride	times per day, es <u>without</u> other schoo	days per week
☐ Contract is for one-way only			To or from School	times per day,	days per week
Students in Each Grade Level - Only include	the students to be co	vered by this contract.	Deadlines:		
Pre-K	К	1-8 9-12	PARENTS: Due to Sch	ool Clerk June 1.	
Total	Total	Total Total	CLERKS: Send origina files.	I to County Supt by July	1, retain a copy for your
Regular Trans				NDENTS: Send original	to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		
Room & Board				EIMBURSEMENT RA trict, county and OPI o	
Correspondence Reg.					
Contingency			Reimb	oursement rate is determ 20-10-142, MCA.	ined by
Spec. Ed. Contin.				20 10 112, 111071.	
Agreement between parent (pare	nt name)		, and school district (dist	rict name)	,
(county name)		County, hereina	ofter referred to as the District(s)		
			ol or bus stop on the days when school is in tion for the distance reported on the contra		an assures that a licensed and
			cation upon certification by the teacher or p		ber of days the student(s) was
The payment shall be computed on the c	ne basis of the schedund of the school year	ule established in Section 20-10- or when the student(s) is no long	-142, MCA, and the information accompan ger enrolled in school, whichever occurs fire	ying this contract. st.	
Elementary School District	Chair, Board	of Trustees			Date
High School District Garfield County H S	Chair, Board	of Trustees			Date
		I attest that the above	information is true and correct.		
Signature - Parent or Guardian				Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	202501 MT 59620			_	School Year 2005- 2006 le to School Clerk June 1		
Elementary District Respo	onsible for Re	eimbursing the (Contract		County		Legal Entity
High School or K-12 Distri	ict Responsib	ole for Reimbur	sing the Cont	ract	County		Legal Entity
Garfield County H	S				Garfield		0378
Is this contract shared ☐ yes ☐ no	between el	ementary and	d high schoo	ol?			
Are you applying for is (If yes, please attach e ISOLATION: Section 20-	xplanation)	1	□ No	nhursoment	Student Name	School	Grade
rates for special circumsta- increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isola I circumstance county trans	tion of residences must be revenued.	ce. In order to riewed and appointed, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increas District Trustees and the 0		portation Comr	mittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Initi □ no □ no	ials 		Student Name	School	Grade
	□ yes □	□ no			THIS CONTRACT IS FO Grades 1-12	<u>OR:</u>	
	iiiic. (Ficasi	e Fillit)			☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Dennis Pluhar Physical Address (stre	et address	only):			Pre-kindergarten/Kinder ☐ 1st Semester Only		y Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one-Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 42 nearest bu HS 0 way only	ıs stop, if any	(one way)	s contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files. RI (For dis	times per day,	days per week da
insured driver will trans 2. In March and June, the transported for the pas 3. The payment shall be	port or provide t sport the studer E District shall p tt semester. computed on the	cransportation for this. Mileage control in the parent the me basis of the school year.	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	, and school district (district referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contra upon certification by the teacher or p. 42, MCA, and the information accompaner enrolled in school, whichever occurs fin	n session. The parent or guard ct actually occurs. principal of the school of the nur	
High School District		Chair, Boai					Date
Garfield County H S		Chair, Doal					Julio
Signature - Parent or Gu	ıardian		I attes	t that the above i	information is true and correct.	Date	
orginature - Farent or Gu	iui uiai i					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

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Co	nt	ra	∩t.	+

PO Box 202501 Helena, MT 5962		_	chool Year 2005- 2006 e to School Clerk June 1		
Elementary District Responsible for R	eimbursing the Cont	ract	County		Legal Entity
High School or K-12 District Respons	ible for Reimbursing	the Contract	County		Legal Entity
Garfield County H S			Garfield		0378
Is this contract shared between e	elementary and hig	gh school?	<u> </u>		
Are you applying for isolation sta (If yes, please attach explanation	1)	No	Student Name	School	Grade
ISOLATION: Section 20-10-142, MC rates for special circumstances of isol increased rates, individual circumstar trustees of the district, the county transport of the district, the county transport of the district of the	ation of residence. In the case of the cas	n order to receive ed and approved by the e, and the Office of	Student Name	School	Grade
Public Instruction. (10.7.116 ARM pro Check here only if increased paymen District Trustees and the County Tran	t due to isolation has	been approved by the	Student Name	School	Grade
Elem District Approval	Initials no no		Student Name	School	Grade
County Approval ☐ yes Parent or Guardian Name: (Pleas	no		THIS CONTRACT IS FO Grades 1-12	<u>)R:</u>	
· ·	36 i iiii)		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Dixie Ross Physical Address (street address	only):		Pre-kindergarten/Kinder ☐ 1st Semester Only		□ Both Semesters
Distance from home to nearest s Elementary 0 HS 30 Distance from home to nearest b Elementary 0 HS 12 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (on the the students to be cov		by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day, times per day times per day times per day,	days per week days per week days per week 7 1, retain a copy for your 1 to OPI by July 10, retain a ATE use only)
insured driver will transport the stude In March and June, the District shall transported for the past semester. The payment shall be computed on	transportation for the sents. Mileage contracts pay the parent the sum	County, hereinaft tudent(s) to and from the school are valid only when transportatio officially approved in the applicate established in Section 20-10-14	, and school district (district referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or part of the contration upon certification by the teacher or part of the contration upon certification by the teacher or part of the contration accompany remodel in school, whichever occurs first	n session. The parent or guardia ct actually occurs. rincipal of the school of the num ying this contract.	
Elementary School District	Chair, Board o				Date
High School District Garfield County H S	Chair, Board o	f Trustees			Date
		I attest that the above i	nformation is true and correct.		
Signature - Parent or Guardian	<u> </u>	<u> </u>		Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Di	strict Responsil	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Garfield County	НS				Garfield		0378
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attach	n explanation)	1	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district,	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	ice. In order to viewed and appointed and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incre District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval	□ yes	□ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Glen Beecher					Pre-kindergarten/Kinder		
Physical Address (st	treet address	only):			☐ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le	HS 35 to nearest but HS 10 ne-way only	us stop, if any	/ (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send original files.	times per day,times per day, times per day, es without other school times per day, times per day, ool Clerk June 1. I to County Supt by July	days per week days per week days per week ol-age students: days per week
Spec. Ed. Trans					copy for your files.	NDENTS. Send ongina	Tto OPT by July 10, retail a
Room & Board						EIMBURSEMENT RA	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Opeo: Ed. Gorium.							
A		-t				wish manna)	
Agreement between (county name)	parent (pare	it name)		County hereinat	, and school district (dist fter referred to as the District(s)	,	······································
The parties agree as follow 1. The parent shall tra insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide ransport the stude the District shall p past semester. be computed on the past semester.	nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	I or bus stop on the days when school is in ion for the distance reported on the contra ation upon certification by the teacher or p. 142, MCA, and the information accompan	n session. The parent or guardict actually occurs. rincipal of the school of the nur	
4. This contract shall the Elementary School I			ard of Truste		er enrolled in school, whichever occurs fir	ot.	Date
High School District Garfield County H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Dis	trict Responsit	ble for Reimbur	rsing the Cont	ract	County		Legal Entity
Garfield County I	H S				Garfield		0378
Is this contract share □ yes □ no	d between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attach			□ No		Student Name	School	Grade
ISOLATION: Section 2 rates for special circums increased rates, individu trustees of the district, the	0-10-142, MCA stances of isola ial circumstance	A, provides for ation of residen ces must be rev	ce. In order to viewed and ap	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if increa	.116 ARM provased payment	vides guidelines due to isolation	s for such.) n has been ap		Student Name	School	Grade
District Trustees and the	-	Init	mittee. tials		Student Name	School	Grade
Elem District Approval HS District Approval County Approval	□ yes □	□ no □ no □ no			THIS CONTRACT IS FO		
Parent or Guardian N					Grades 1-12 □ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Irma Laphilliph					Pre-kindergarten/Kinder	·	Dotti ocinicatera
Physical Address (str	eet address	only):			☐ 1st Semester Only		/ □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 4.8 e-way only	us stop, if any	(one way)	9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files. RE (For dist	times per day,	use only)
insured driver will tra 2. In March and June, transported for the p 3. The payment shall b	s: sport or provide to the student the student the student to the student shall past semester. e computed on the student to th	transportation for nts. Mileage confo oay the parent the ne basis of the sc	the student(s) to tracts are valid of e sum officially a hedule establish	o and from the school only when transportati pproved in the applica- ned in Section 20-10-1	, and school district (district referred to as the District(s) or bus stop on the days when school is in ion for the distance reported on the contration upon certification by the teacher or put 142, MCA, and the information accompanier enrolled in school, whichever occurs fire	n session. The parent or guardict actually occurs. rincipal of the school of the nur	
Elementary School D			rd of Truste		,		Date
High School District Garfield County H S		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or C	Guardian		-			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 la, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	-	Legal Entity
High School or K-12 Di	strict Responsil	ble for Reimbu	rsing the Conf	tract	County		Legal Entity
Garfield County	HS				Garfield		0378
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, t	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incredibiting Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Joe & Sandy Gib Physical Address (st		only):			Pre-kindergarten/Kinder		- 5 4 6
Filysical Address (si	ieet address	Offig).			1st Semester OnlyKINDERGARTEN/PRE	·	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 0 to nearest bu	`			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Le	vel - Only include	the students to b	e covered by thi	is contract.	Deadlines: PARENTS: Due to Sch	and Clark June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		/ 1, retain a copy for your
Regular Trans					files.	NDENTS: Sond origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	TOENTS. Send ongina	Tto OFI by July 10, retain a
Room & Board					RI	EIMBURSEMENT RA	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	,
insured driver will tr 2. In March and June, transported for the p 3. The payment shall I	nsport or provide ansport the stude the District shall p past semester. be computed on the	nts. Mileage con pay the parent the	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applic and in Section 20-10-	fter referred to as the District(s) of or bus stop on the days when school is in the distance reported on the contral ation upon certification by the teacher or pure the contral to the	n session. The parent or guard ct actually occurs. vincipal of the school of the nur ying this contract.	
Elementary School [District	,	ard of Truste				Date
High School District Garfield County H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity	
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity	
Garfield County	HS				Garfield		0378	
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade	
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade	
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters	
Les & Jerri Tho		anh di			Pre-kindergarten/Kinder			
Physical Address (s	sireet address	orily).			☐ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	`			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other schotimes per day,	days per week days per week days per week col-age students: days per week days per week days per week	
□ Contract is for o	, ,				Deadlines:			
Students in Each Grade L				, ,	PARENTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	I to County Supt by Jul	ly 1, retain a copy for your	
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a	
Spec. Ed. Trans					copy for your files.			
Room & Board Correspondence						EIMBURSEMENT Ratrict, county and OPI		
Reg.					_			
Contingency					Reimb	ursement rate is determed 20-10-142, MCA.	mined by	
Spec. Ed. Contin.								
Agreement between	n parent (pare	nt name)			, and school district (dist	rict name)	,	
(county name)				County, hereina	fter referred to as the District(s)			
	ansport or provide				or bus stop on the days when school is in		dian assures that a licensed and	
	, the District shall p				ion for the distance reported on the contra ation upon certification by the teacher or p		imber of days the student(s) was	
The payment shall	be computed on the				142, MCA, and the information accompan er enrolled in school, whichever occurs fin			
Elementary School	District	Chair, Boa	rd of Truste	es			Date	
High School District Garfield County H S		Chair, Boa	Chair, Board of Trustees Date					
			l attes	t that the above	information is true and correct.			
Signature - Parent or	Guardian					Date		

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	i Public Inst (202501 , MT 59620			_	chool Year 2005- 2006 e to School Clerk June 1		
Elementary District Response	onsible for Re	imbursing the (Contract		County	<u>'</u>	Legal Entity
High School or K-12 Distr	rict Responsib	ole for Reimburs	sing the Cont	ract	County		Legal Entity
Garfield County H	IS				Garfield		0378
Is this contract shared ☐ yes ☐ no	between el	ementary and	l high schoo	ol?			
Are you applying for is (If yes, please attach e ISOLATION: Section 20	explanation)		□ No	nhursoment	Student Name	School	Grade
rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isola al circumstance county trans	tion of residences must be reversely common time.	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increase District Trustees and the		portation Comr	nittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Initi □ no □ no	als ———		Student Name	School	Grade
	□ yes □	no			THIS CONTRACT IS F Grades 1-12		
Margie Phipps	amo. (i lodo	0 1 mil)			□ 1st Semester Only		y Both Semesters
Physical Address (stre	eet address	only):			Pre-kindergarten/Kinde 1st Semester Only		y Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leve Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 22 o nearest bu HS 8 -way only	s stop, if any	(one way)	s contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ric To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sc CLERKS: Send originatiles. COUNTY SUPERINTE copy for your files. R (For dis	times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,thool Clerk June 1. al to County Supt by Jul	days per week da
insured driver will tran 2. In March and June, the transported for the past of the payment shall be	port or provide t sport the studer e District shall p st semester. computed on th minate at the en	ransportation for this. Mileage contribute parent the parent the set basis of the sch	the student(s) to racts are valid of sum officially a redule establish ar or when the	o and from the school only when transportatic pproved in the applicated in Section 20-10-14 student(s) is no longe	, and school district (dister referred to as the District(s or bus stop on the days when school is no for the distance reported on the control on upon certification by the teacher or 42, MCA, and the information accompan). in session. The parent or guard act actually occurs. principal of the school of the nunying this contract.	
High School District	ou lot	Chair, Boar					Date
Garfield County H S		Chair, Boar					240
Signature - Parent or G	uardian		I attes	t that the above i	nformation is true and correct	Date	
J							

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620			06 e 1			
Elementary District Res			Contract		County		Legal Entity
High School or K-12 Di	•	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Garfield County					Garfield		0378
Is this contract share ☐ yes ☐ no	ed between el	ementary an	id high schoo	ol?			
Are you applying for (If yes, please attach ISOLATION: Section 2	n explanation)	ı	□ No	mbursament	Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval	•	Ini □ no □ no	tials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	T IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)				Only 2nd Semester C	Only Both Semesters
Mike Losinski Physical Address (st	reet address	only):			Pre-kindergarten	/Kindergarten Only □ 2nd Semester C	Only ☐ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	is stop, if any	y (one way)	is contract. 9-12 Total	Kindergarten ch by this contract: To or from Bus S To or from School Kindergarten ch To or from Bus S To or from School Deadlines: PARENTS: Due CLERKS: Send files. COUNTY SUPER copy for your files (F	times per day toptimes per day to School Clerk June 1. to School Clerk Supt by CRINTENDENTS: Send orig	days per week days per week days per week July 1, retain a copy for your inal to OPI by July 10, retain a RATE PI use only) ermined by
insured driver will tr 2. In March and June, transported for the 3. The payment shall 4. This contract shall	rs: nsport or provide to ansport the stude the District shall poast semester. be computed on the erminate at the erminate at the erminate.	rransportation for this. Mileage con yay the parent the ne basis of the so d of the school y	the student(s) to stracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Dis or bus stop on the days when so on for the distance reported on the	chool is in session. The parent or guestic contract actually occurs. In incher or principal of the school of the ecompanying this contract.	number of days the student(s) was
Elementary School I	Jourct	,	ard of Truste				Date
High School District Garfield County H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and c	orrect.	
Signature - Parent or	Guardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ie to School Clerk June		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Garfield County	HS				Garfield		0378
Is this contract shar		ementary an	ıd high scho	ol?	<u> </u>		
□ yes□ noAre you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section			increased rei	mbursement	Student Name	School	Grade
rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	viewed and a mittee, and th	oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval		□ no	itials		Student Name	School	Grade
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT Grades 1-12	IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)				nly 2nd Semester O	Only Both Semesters
Pohney Murion Physical Address (s	treet address	only).			Pre-kindergarten/k		Amber Dath Carractors
1 Tryologi 7 tagrood (d	ar oot addrood	Oy /.				nly 2nd Semester O PREKINDERGARTEN:	nly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	•	• /		by this contract: To or from Bus Sto To or from School Kindergarten chil To or from Bus Sto	pp times per day times per day times per day d rides without other sch	days per week
□ Contract is for o	, ,					unles per day	, days per week
Students in Each Grade Lo				,	<u>Deadlines:</u> PARENTS: Due to	o School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send o files.	riginal to County Supt by J	July 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPERI		inal to OPI by July 10, retain a
Room & Board					., ,	REIMBURSEMENT I	RATE
Correspondence					(Fo	r district, county and OF	PI use only)
Reg.							
Contingency Spec. Ed. Contin.					F	Reimbursement rate is dete 20-10-142, MCA.	
opec. Lu. Contin.							
Agreement between	narant (nara	at nama)			, and school distric	t (diatriat nama)	
	трагені (рагеі	it riame)		County baraina	ter referred to as the Distr	,	,
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•		not(s).	ardian assures that a licensed and
insured driver will t 2. In March and June	ransport the stude , the District shall p	nts. Mileage con	tracts are valid	only when transportati	on for the distance reported on the	contract actually occurs.	number of days the student(s) was
	be computed on the				142, MCA, and the information accer enrolled in school, whichever oc		
Elementary School			ard of Truste				Date
High School District Garfield County H S		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and co		
Signature - Parent or	Guardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620			S Du	6 e 1				
Elementary District Res			Contract		County		Legal Entity		
High School or K-12 Di	istrict Responsi	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Garfield County	HS				Garfield		0378		
Is this contract share ☐ yes ☐ no	ed between e	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attack ISOLATION: Section 2)	h explanation)	□ No		Student Name	School	Grade		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and appropriate in the series of	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval HS District Approval	□ yes		itials		Student Name School Grade				
County Approval	□ yes	□ no			THIS CONTRACT Grades 1-12	IS FOR:			
Parent or Guardian	Name: (Pleas	e Print)				Only 2nd Semester On	nly □ Both Semesters		
Rose M. Edward Physical Address (s		only):			Pre-kindergarten/k	Kindergarten Only □ 2nd Semester On	ıly □ Both Semesters		
						I/PREKINDERGARTEN:	.,		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 31 to nearest bu HS 23	,			Kindergarten chi by this contract: To or from Bus St To or from School Kindergarten chi To or from Bus St To or from School	ld rides with other school-	days per week ool-age students: days per week		
Students in Each Grade Le	evel - Only include	the students to I	oe covered by th	is contract.	Deadlines: PARENTS: Due to	to School Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for you				
Regular Trans					files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Spec. Ed. Trans					copy for your files.		arto or ray only ro, retain a		
Room & Board					(Fo	REIMBURSEMENT R or district, county and OP			
Correspondence									
Reg. Contingency					F	Reimbursement rate is deter 20-10-142, MCA.	mined by		
Spec. Ed. Contin.									
Agreement between	parent (pare	nt name)			, and school distric	et (district name)			
(county name)	, , , , , , , , , , , , , , , , , , , ,	/ <u></u> -		County hereinat	ter referred to as the Dist	,	,		
The parties agree as follow 1. The parent shall tra insured driver will tr	insport or provide ransport the stude the District shall p	nts. Mileage cor	r the student(s) t	o and from the school only when transportati	or bus stop on the days when scl on for the distance reported on the	hool is in session. The parent or guar			
The payment shall	be computed on the	nd of the school	year or when the	student(s) is no longe	142, MCA, and the information accer enrolled in school, whichever on				
Elementary School I	District	Chair, Boa	ard of Truste	es			Date		
High School District Chair, Board of Trustees Garfield County H S				es			Date		
			I attes	t that the above	information is true and co	rrect.			
Signature - Parent or	Guardian	_				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity		
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Garfield County	HS				Garfield		0378		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval HS District Approval	□ yes		tials		Student Name School Grade				
County Approval	□ yes	□ no			THIS CONTRACT IS FOR Grades 1-12	OR:			
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters		
Scott Hill Physical Address (s	treet address	only).			Pre-kindergarten/Kinde		ly Doth Competers		
ye.ea. / .aa. eee (e		oy/.			 1st Semester Only KINDERGARTEN/PRE 		ly Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 35	`			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,tes without other schotimes per day,	days per week days per week days per week pol-age students: days per week		
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week		
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	nool Clerk June 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your		
Regular Trans						NDFNTS: Send origina	al to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.				
Room & Board					RI	EIMBURSEMENT R. trict, county and OPI			
Correspondence					, the second sec		,		
Reg. Contingency					Reimb	oursement rate is determ	mined by		
Spec. Ed. Contin.						20-10-142, MCA.			
Agreement betweer	n parent (pare	nt name)			, and school district (dis	,	· · · · · · · · · · · · · · · · · · ·		
(county name) The parties agree as follow		transportation for		•	fter referred to as the District(s) I or bus stop on the days when school is i		dian assures that a licensed and		
insured driver will t	transport the stude	nts. Mileage con	tracts are valid	only when transportati	ion for the distance reported on the contra ation upon certification by the teacher or p	act actually occurs.			
	be computed on the				142, MCA, and the information accompan				
4. This contract shall Elementary School			ear or when the ard of Truste		er enrolled in school, whichever occurs fir	st.	Date		
High School District Garfield County H S		Chair, Boa	rd of Truste	es			Date		
			I attes	t that the above	information is true and correct.		<u> </u>		
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Conf	ract	County		Legal Entity		
Garfield County	HS				Garfield		0378		
Is this contract share □ yes □ no	ed between e	lementary an	d high scho	ol?					
Are you applying for (If yes, please attac	h explanation)	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circum increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be re- sportation com-	ce. In order to viewed and appointed and the mittee, and the contractions are contracted and the contractions are contracted and the contracted are contracted as a contracted are contracted are contracted as a contracted are contracted as a contrac	o receive oproved by the	Student Name	School	Grade		
Public Instruction. (10.) Check here only if incredistrict Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Zane Murion Physical Address (s	treet address	only):			Pre-kindergarten/Kinder		- 5 4 6		
1 Hysical Address (s	irect address	Offig).			1st Semester OnlyKINDERGARTEN/PRE	·	y □ Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 0 to nearest bu HS 18.5	·			by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop	times per day,times per day,times per day,es without other schooltimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week		
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	Deadlines:	aal Clark luga 4			
	Pre-K Total	K Total	1-8 Total	9-12 Total	PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by July 1, retain a copy for you				
Regular Trans					files.	JDENTS: Sand origina	Lto ODI by July 10, rotoin a		
Spec. Ed. Trans					copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a		
Room & Board					RI	EIMBURSEMENT RA			
Correspondence Reg.									
Contingency Spec. Ed. Contin.					Reimb	ursement rate is determ 20-10-142, MCA.	nined by		
орео: Еа: Оонын:									
Agreement between	n parent (pare	nt name)			, and school district (dist	rict name)	,		
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall p past semester. be computed on the	nts. Mileage compay the parent the	the student(s) to tracts are valid of e sum officially a hedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is in it ion for the distance reported on the contration upon certification by the teacher or put 142, MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guardict actually occurs. rincipal of the school of the nur			
Elementary School		Chair, Boa	rd of Truste	es			Date		
High School District Garfield County H S		Chair, Boa	rd of Truste	es			Date		
			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the C	Contract			County	-	Legal Entity
Jordan Elem						Garfield		0377
High School or K-12 Di	strict Responsib	le for Reimburs	sing the Con	tract		County		Legal Entity
Garfield County	HS					Garfield		0378
Is this contract share	ed between el	ementary and	high scho	ol?				
Are you applying for	isolation statu	us? □ Yes	□ No		Ctur	dent Name	School	Grade
(If yes, please attach	n explanation) 20-10-142. MCA	A. provides for in	creased rein	mbursement	Stud	dent Name	School	Grade
rates for special circum increased rates, individ trustees of the district,	stances of isola ual circumstance the county trans	tion of residences must be revi eportation comm	e. In order t ewed and ap littee, and th	o receive oproved by the	Stud	dent Name	School	Grade
Public Instruction. (10.7) Check here only if incre	·	, and the second	ŕ	pproved by the	Stud	dent Name	School	Grade
District Trustees and th			nittee.	, ,	-			
Elem District Approval HS District Approval		no			Stud	dent Name	School	Grade
County Approval	□ yes	🗆 no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters
Alroy Roufley Physical Address (st	treet address	oulv).				-kindergarten/Kinder		- 5 4 5
1 Hysical Address (s	ireet address	orny).				·	•	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Lean Regular Trans Spec. Ed. Trans Room & Board	HS 21 to nearest but HS 5.3 ne-way only	s stop, if any	(one way)	is contract. 9-12 Total	Kin by to Too C Kin Too C PAF CLE files	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original is. UNTY SUPERINTEN y for your files.	times per day, tool Clerk June 1.	days per week da
Correspondence Reg.							ursement rate is detern	
Contingency Spec. Ed. Contin.							20-10-142, MCA.	
insured driver will tr 2. In March and June, transported for the 3. The payment shall	rs: nsport or provide t ansport the studer the District shall p past semester. be computed on th	ransportation for the state of the parent the state basis of the sch	ne student(s) t acts are valid o sum officially a	o and from the school only when transportation of the application of the application of the section 20-10-1	ter referred or bus stop or on for the dista tion upon cert 42, MCA, and	ince reported on the contract	session. The parent or guard actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
Elementary School I Jordan Elem		Chair, Boar				,		Date
High School District Garfield County H S	gh School District Chair, Board of Trustees							Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the C	ontract			County	<u> </u>	Legal Entity
Jordan Elem						Garfield		0377
High School or K-12 Di	istrict Responsit	ole for Reimburs	ng the Con	tract		County		Legal Entity
Garfield County	HS					Garfield		0378
Is this contract share	ed between el	ementary and	high scho	ol?				
Are you applying for	isolation state	us? □ Yes	□ No		Ctur	dent Name	School	Grade
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A. provides for in	creased reir	mbursement	Stud	dent Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	nstances of isola lual circumstand the county trans	tion of residence ces must be revieus sportation comm	e. In order to ewed and ap titee, and th	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	nas been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval	-	Initia □ no			Stud	dent Name	School	Grade
HS District Approval County Approval	□ yes □	no			THI	S CONTRACT IS FO	DR:	
Parent or Guardian					Gra	des 1-12 st Semester Only		y □ Both Semesters
Carrie Murion						,	•	/ Doin Semesters
Physical Address (s	treet address	only):				-kindergarten/Kinder st Semester Only		y Both Semesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home Elementary 0	to nearest so HS 20	hool (one way)		Kin by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day, _	age students also covered days per week
Distance from home Elementary 0	to nearest bu HS 12	ıs stop, if any (one way)		Kin To d	dergarten child ride or from Bus Stop	es <u>without</u> other scho times per day, _	days per week ol-age students: days per week days per week
☐ Contract is for or	ne-way only						times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to be	covered by th	is contract.	<u>De</u> PAF	adlines: RENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total		ERKS: Send original		y 1, retain a copy for your
Regular Trans					CO	INTY SUDEDINTEN	IDENTS: Send origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.	DENTO. Sena ongina	Tto Of Tby July To, Tetalit a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						 Reimbi	ursement rate is detern	nined by
Contingency Spec. Ed. Contin.							20-10-142, MCA.	
A superior and high value of		-4				d a ale a al district (dist	ist name)	
Agreement between	i parent (parei	nt name)				d school district (dist	,	······································
(county name) The parties agree as follow				•		I to as the District(s).		
insured driver will to	ransport the studer	nts. Mileage contra	cts are valid	only when transportation	on for the dista	ince reported on the contract	ct actually occurs.	ian assures that a licensed and mber of days the student(s) was
transported for the	past semester.	•	•		•	the information accompany	•	fiber of days the student(s) was
	terminate at the er		r or when the	student(s) is no longe		chool, whichever occurs firs		Date
Jordan Elem High School District								
Garfield County H S							Date	
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for Reimbursing the Contract Garfield Garf		ox 202501 a, MT 59620)-2501		_		ol Clerk June 1		
English County H S Student Name School Grade	Elementary District Res	ponsible for Re	eimbursing the C	Contract			County	<u> </u>	Legal Entity
Is this contract shared between elementary and high school? yes □ no Are you applying for isolation status? □ Yes □ No (If yes, pleas and each explanation) BOLATION: Sectora 26-15-142, MCA, provides for increased reminurement and approved by the blackers of the claims, the county framepolation committee, and the Office of Public Institution. (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public institution.) (I.O.11 Act Ally provides goldenines for such public	Jordan Elem						Garfield		0377
Is this contract shared between elementary and high school? yes	High School or K-12 Dis	trict Responsit	ole for Reimburs	sing the Cont	ract		County		Legal Entity
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Agreement between parent (parent name) Spec. Ed. Trans Room & Board Correspondence Reg. Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. County, hereinafter referred to as the Olstock of Parks. See a closes: The parent (parent name) County name or name to name assure that a licensed and the county of trustees and the coun	Garfield County	H S					Garfield		0378
Student Name		d between el	ementary and	high school	ol?				
Student Name	•	isolation stat	us? □ Yes	□ No		Chu	don't None	Cohool	Crada
Student Name School Grade increased rates, and incr	(If yes, please attach	explanation))	creased rein	nbursement	Stud	dent Name	School	Grade
trustees of the district, the county transportation committee, and the Office of Public Instruction. (17-116 AMP provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Initialis District Trustees and the County Transportation (and initialis) Situdent Name School Grade Student Name School Grade THIS CONTRACT IS FOR: Grades 1-12 Parent or Guardian Name: (Please Print) Tommy L. Billing Physical Address (street address only): Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest subus stop. If any (one way) Elementary 0 HS 0 Distance from home to nearest subus stop. If any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Exor Grade Level - Only include the students to be covered by this contract: To or from School Limes per day, days per week Kindergarten. Child rides without orther school-age students also covered by this contract: To or from School Limes per day, days per week Kindergarten. Child rides without orther school-age students are contract. To or from School Limes per day, days per week Kindergarten. Child rides without orther school-age students. Pre-Kindergarten. Child rides without	rates for special circums	stances of isola	ation of residence	e. In order to	o receive	Stud	dent Name	School	Grade
Check here only if increased payment due to incidation has been approved by the District Trustees and the County Transportation Committee. Infillies Infilli	trustees of the district, the	ne county trans	sportation comm	ittee, and the					
District Trustees and the County Transportation Committee. Initials Ini	•	·	Ţ.	·	proved by the	Stud	dent Name	School	Grade
HS District Approvalvesno	District Trustees and the	e County Trans				Chu	don't None	Cohool	Crada
Parent or Guardian Name: (Please Print) Parent or Guardian Name: (Please Print) Semester Only Both Semesters									Grade
Tommy L. Billing Physical Address (street address only): Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest subsection (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Lementary 0			□ no					<u>DR:</u>	
Physical Address (street address only): Stance from home to nearest school (one way) 1st semester only 2nd Semester Only 3st semester only 1st semester only 2nd Semester Only 3st semester Onl		•	e Fillit)			□ 1	st Semester Only	□ 2nd Semester Only	√ □ Both Semesters
Stance from home to nearest school (one way)			only).						, Doth Competers
Distance from home to nearest school (one way) Elementary 0	i ilyeledi yiddi ees (eii	001 444.000	·,				•	Í	both Semesters
Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Reginement between parent (parent name)	D: 1			`		Kin	dergarten child ride	KINDERGARTEN: es <u>with</u> other school-a	ge students also covered
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 HS 0 HS 0 HS 0 HS 0 HS 0			nool (one way	/)		by t To d	his contract: or from Bus Stop	times per day,	days per week
Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) (county name) The parties agree as follows: 1. The parent shall transport to provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are usin original to my bus the students on bus to make the above information is true and correct. To or from Bus Stop times per day, days per week To or from School times per day, days per week days per week days per week To or from School times per day, days per week days per week days per week to or from School times per day, days per week days per week days per week to or from School times per day, days per week days per week days per week to or from School times per day, days per week days per	Distance from home	to nearest bu	ıs stop, if any	(one way)		To	or from School	times per day, _	days per week
Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total Total Total Total			1,	, ,,		To	or from Bus Stop	times per day, _	days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg., Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) Date Date I attest that the above information is true and correct.	□ Contract is for on	e-way only						times per day, _	days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport are provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the Computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. The parent shall transport are provided transportation for Trustees The parent shall transport the school of Trustees Littles that the above information is true and correct.	Students in Each Grade Lev	el - Only include	the students to be	covered by thi	s contract.	<u>De</u> PAF	adlines: RENTS: Due to Sch	ool Clerk June 1.	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall transport at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Garfield County H S Fless Transported. Fless Transported for the school of trustees Country supernits and to only by July 10, retain a copy for your files. Country neme (For district, country and OPI use only) Reimbursement rate is determined by 20-10-142, MCA. Reimbursement rate is determined by 20-10-142, MCA. Country name) Country, hereinafter referred to as the District (district name) , and school district (district name) , and sc					-				/ 1 retain a conv for your
Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) County name Neparent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct.	Bogular Trans						-	to county capt by cary	1, retain a copy for your
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The paries agree as follows: 1. The parent shall transport nor provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the dislance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum difficially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District	-							IDENTS: Send original	I to OPI by July 10, retain a
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The paries agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District	'					cop			
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name)	Room & Board								
Agreement between parent (parent name)	Correspondence						(1 0. 0.0)	and, dodnity and or r	
Agreement between parent (parent name)							Reimb	ursement rate is determ	 nined by
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Jordan Elem High School District Garfield County H S I attest that the above information is true and correct.								20-10-142, MCA.	
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Jordan Elem High School District Garfield County H S I attest that the above information is true and correct.			<u> </u>						
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Jordan Elem High School District Garfield County H S I attest that the above information is true and correct.	Agreement between	parent (pare	nt name)			. an	d school district (dist	rict name)	
The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Jordan Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct.		. "	/				·	,	· · · · · · · · · · · · · · · · · · ·
2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Jordan Elem High School District Garfield County H S I attest that the above information is true and correct.	The parties agree as follows		transportation for the		•		` ,		an assures that a licensed and
3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Jordan Elem High School District Garfield County H S Chair, Board of Trustees Date I attest that the above information is true and correct.	In March and June, t	the District shall p							nber of days the student(s) was
Elementary School District Jordan Elem High School District Garfield County H S Chair, Board of Trustees Chair, Board of Trustees Date I attest that the above information is true and correct.	The payment shall b	e computed on the							
High School District Chair, Board of Trustees Date Garfield County H S I attest that the above information is true and correct.	Elementary School D						Occurs IIIs		Date
I attest that the above information is true and correct.	High School District		Chair, Boar	d of Truste	es				Date
	Garfield County H S			Lotto	t that the chave	informatia	is true and samest		
	Signature - Parent or 0	Guardian		ı attes	t triat trie above	mormation	is true and correct.	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School C	lerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Со	unty	1	Legal Entity	
Big Dry Creek E	lem				G	arfield		0380	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	tract	Со	unty		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for (If yes, please attach			□ No		Student	Name	School		Grade
ISOLATION: Section 2 rates for special circum	20-10-142, MCA	, provides for							
increased rates, individ trustees of the district,	lual circumstand	es must be re	viewed and ap	oproved by the	Student	Name	School		Grade
Public Instruction. (10.7				e Office of	Children	Nama	Cahaal		Orada
Check here only if incre District Trustees and th				proved by the	Student	name	School		Grade
Elem District Approval	·		itials		Student	Name	School		Grade
HS District Approval County Approval	□ yes □	no no			THIS CO	NTRACT IS FO	DR:		
Parent or Guardian					Grades		 □ 2nd Semester Onl	v □ Both Se	emesters
Colleen Phipps						•		y Bourec	incoloro
Physical Address (st	treet address	only):				ergarten/Kinder emester Only	garten	y □ Both Se	emesters
							KINDERGARTEN:		
Distance from home	to nearest so	hool (one wa	ay)			arten child ride contract:	es with other school-a	age students a	ilso covered
Elementary 0	HS 0		.,		To or fro	m Bus Stop	times per day, _	day	s per week
Distance from home Elementary 0	to nearest bu HS 0	is stop, if an	y (one way)		Kinderg To or fro	arten child ride m Bus Stop	times per day, _es without other scho times per day, _ times per day, _	ol-age studen	ts: s per week
□ Contract is for or	ne-way only				I o or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.	Deadli		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		to County Supt by Jul	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	al to OPI by Jul	y 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							· ·		
Agreement between	parent (parei	nt name)			, and sch	nool district (dist	rict name)		······································
(county name) The parties agree as follow	10:			County, hereinat	fter referred to a	s the District(s).			
 The parent shall tra 	nsport or provide t			o and from the school			session. The parent or guard	lian assures that a li	censed and
In March and June, transported for the page 1.	the District shall p past semester.	ay the parent th	e sum officially a	pproved in the application	ation upon certificatio	n by the teacher or p	rincipal of the school of the nu	mber of days the stu	udent(s) was
 This contract shall t 	terminate at the er	d of the school	year or when the	ned in Section 20-10- student(s) is no long				Dete	
Elementary School I Big Dry Creek Elem		Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
		<u> </u>	I attes	t that the above	information is tr	ue and correct.		<u> </u>	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620)-2501	Due to	o School Clerk June 1				
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity		
Big Dry Creek Elem			Garfield		0380		
High School or K-12 District Responsil	ole for Reimbursing the Conf	tract	County		Legal Entity		
Is this contract shared between el □ yes □ no	ementary and high school	ol?	<u>'</u>				
Are you applying for isolation stat			Student Name	School	Grade		
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA) A, provides for increased reir	mbursement	Otadon Namo	Concor	Grade		
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ation of residence. In order to ses must be reviewed and approportation committee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	pproved by the	Student Name	School	Grade		
HS District Approval ☐ yes	Initials □ no □ no □ no		Student Name	School	Grade		
County Approval ☐ yes Parent or Guardian Name: (Pleas	no		THIS CONTRACT IS FOR: Grades 1-12				
,	e Fillit)		☐ 1st Semester Only	□ 2nd Semester Only	☐ Both Semesters		
Jeana Bliss Physical Address (street address	only):		Pre-kindergarten/Kinderga 1st Semester Only		□ Both Semesters		
Distance from home to nearest so Elementary 15 HS 0 Distance from home to nearest but Elementary 18 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	the students to be covered by th K 1-8 Total Total	9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rides To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original to files. COUNTY SUPERINTEND copy for your files. REII (For district	times per day,	days per week Il-age students:		
insured driver will transport the stude 2. In March and June, the District shall ptransported for the past semester. 3. The payment shall be computed on the This contract shall terminate at the erellementary School District Big Dry Creek Elem	transportation for the student(s) to the student (s) to the student (s) to the student (s) the	County, hereinafter is on and from the school or but only when transportation for approved in the application and in Section 20-10-142, student(s) is no longer entitle.	, and school district (district referred to as the District(s). us stop on the days when school is in ser the distance reported on the contract upon certification by the teacher or print MCA, and the information accompanying rolled in school, whichever occurs first.	ession. The parent or guardia actually occurs. cipal of the school of the num			
High School District	Chair, Board of Truste	es			Date		
	I attes	t that the above info	rmation is true and correct.				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the C	ontract			County		Legal Entity
Big Dry Creek E	lem					Garfield		0380
High School or K-12 D	istrict Responsit	le for Reimburs	ing the Contr	act		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high schoo	l?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residence es must be revieus portation comm	e. In order to ewed and ap ittee, and the	receive proved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	nas been app	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia no no	ils 		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	ly Both Semesters
Tanna Rogge Physical Address (s	troot addraga	only):			Pre-	-kindergarten/Kinder	garten	
Priysical Address (s	ireer address	oriiy).			□ 1	st Semester Only	□ 2nd Semester On	ly Both Semesters
Distance from home Elementary 15 Distance from home Elementary 11 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence	HS 0 e to nearest bu HS 0 ne-way only	is stop, if any ((one way)	9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original or for your files.	times per day, tool Clerk June 1.	days per week days per week ly 1, retain a copy for your lal to OPI by July 10, retain a
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by
insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the er District	ransportation for thats. Mileage contrally the parent the same basis of the sche	e student(s) to licts are valid or um officially ap edule establisher or when the	and from the school nly when transportation proved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or guar at actually occurs. incipal of the school of the ni ing this contract.	dian assures that a licensed and umber of days the student(s) was
Big Dry Creek Elem High School District		Chair, Board	d of Trustee	es				Date
						in the constant of		
Signature Parent er	Guardian		ı attest	tnat the above i	intormation	is true and correct.	Date	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620)-2501		Di	ie to School Cl	erk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cou	nty		Legal Entity	
Big Dry Creek E	lem				Ga	rfield		0380	
High School or K-12 D	istrict Responsil	ole for Reimbu	ursing the Con	tract	Cou			Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for			□ No		Student N	lame	School		Grade
(If yes, please attaction: Section			increased rei	mbursement					2.2.2.2
rates for special circum increased rates, individual trustees of the district,	dual circumstand	ces must be re	eviewed and a	pproved by the	Student N	lame	School		Grade
Public Instruction. (10.					Student N	lame	School		Grade
Check here only if incr District Trustees and the		sportation Con	nmittee.	oproved by the	Student	iame	School		Orace
Elem District Approval		□ no	itials		Student N	lame	School		Grade
HS District Approval County Approval		□ no □ no				NTRACT IS F	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1 □ 1st Se	-12 mester Only	□ 2nd Semester Onl	y □ Both Ser	nesters
Walter & Angela	a Murray				Pre-kinde	rgarten/Kinde	rgarten		
Physical Address (s	treet address	only):					□ 2nd Semester Onl	y 🛛 Both Ser	nesters
							KINDERGARTEN:		
Distance from home		chool (one w	ay)		by this c	ontract:	es <u>with</u> other school-a	_	
Elementary 20	HS 0				To or fron	n Bus Stop n School	times per day, _	days days	per week per week
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if an	y (one way)		Kinderga To or fron	rten child rid n Bus Stop	times per day, _ es <u>without</u> other scho times per day, _ times per day, _	ol-age student	s: per week
□ Contract is for o	ne-way only				To or fron	n School	times per day, _	days	per week
Students in Each Grade L	evel - Only include	the students to	be covered by th	is contract.	Deadlir				
	Pre-K	K	1-8	9-12	PARENT	S: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total	CLERKS files.	: Send origina	ll to County Supt by Jul	y 1, retain a cop	y for your
Regular Trans					COUNTY	SUPERINTE	NDENTS: Send origina	al to OPI by July	10 retain a
Spec. Ed. Trans					copy for y		TDEITIG: Gend ongine		ro, retair a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dis	trict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is deterr 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	n parent (pare	nt name)			, and scho	ool district (dis	rict name)		,
(county name) The parties agree as follow				County, hereinat	fter referred to as	the District(s)			
The parent shall tra	ansport or provide				or bus stop on the day		n session. The parent or guard	lian assures that a lic	ensed and
 In March and June transported for the 	, the District shall p past semester.	pay the parent th	e sum officially a	approved in the application	ation upon certification	by the teacher or p	orincipal of the school of the nu	mber of days the stud	lent(s) was
The payment shall	be computed on the				142, MCA, and the info er enrolled in school, w				
Elementary School Big Dry Creek Elem		Chair, Bo	ard of Truste	es				Date	
High School District		Chair, Bo	ard of Truste	es				Date	
		1	Lattes	t that the above	information is tru	e and correct			
Signature - Parent or	Guardian						Date		
							1		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the C	ontract			County		Legal Entity
Big Dry Creek E	lem					Garfield		0380
High School or K-12 D	istrict Responsib	le for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residence es must be revieus portation comm	e. In order to ewed and ap ittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia □ no	als		Stud	dent Name	School	Grade
County Approval	•	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	nly □ Both Semesters
Zane Murion						-kindergarten/Kinder		
Physical Address (s	treet address	only):			□ 1	st Semester Only	□ 2nd Semester On	lly Both Semesters
Distance from home Elementary 15.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Lower Regular Trans Spec. Ed. Trans Room & Board Correspondence	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kin by to	this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original i. UNTY SUPERINTEN y for your files.	times per day,	days per week da
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by
insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	ransportation for the state. Mileage contral the same basis of the schelage that the same that	ne student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop or on for the dista ation upon cert 42, MCA, and	ince reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the ning this contract.	rdian assures that a licensed and umber of days the student(s) was
Big Dry Creek Elem High School District		Chair, Board	d of Truste	es				Date
Signature Parent an	Guardian		I attest	t that the above i	ıntormation	is true and correct.	Dato	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the (Contract			County	<u> </u>	Legal Entity
Van Norman Ele	em					Garfield		0382
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high schoo	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be reversely common time.	ce. In order to iewed and appointed, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initi □ no □ no	ials		Stud	dent Name	School	Grade
County Approval	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Brent McRae Physical Address (s	troot addroos	only):				-kindergarten/Kinder		
Friysical Address (s	lieel address	Offig).			□ 1	st Semester Only	□ 2nd Semester On	ly Both Semesters
Distance from home Elementary 3.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	is contract. 9-12 Total	Kin by t To c Kin To c To c	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original	times per day,	days per week days per week days per week bool-age students: days per week days per week days per week days per week
Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board							IMBURSEMENT R	
Correspondence						(FOI dist	nict, county and OF	r use only)
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for tools. Mileage contribute parent the parent the passis of the sch	the student(s) to racts are valid of sum officially a nedule establish ear or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop or on for the dista ation upon cert 42, MCA, and	ince reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the nuing this contract.	dian assures that a licensed and umber of days the student(s) was
Van Norman Elem		,						
High School District		Chair, Boar	u or iruste	es				Date
			l attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary Diseast Responsible for Reimbursing the Contract Van Norman Elem Its Phis School Fr. 12 Destrict Responsible for Reimbursing the Contract Its Phis Contract Shared between elementary and high school? Its Phis Contract Shared between elementary and high school? Any on applying for ficialism datus? Ves No SIBOATRON Section 20 16 142 MCA provides for International Contract Its Phis Contract Shared between elementary and high school? Any on applying for ficialism datus? Ves No SIBOATRON Section 20 16 142 MCA provides for international contractions and the Contract Provided International Contract International	Helena, MT 59		D	ue to School Clerk	June 1	
Is this contract shared between elementary and high school? yes no Are you applying for isolation status? Yes No (If yes, please attach explanation) SIBOLATION: Scrioz 30-16142, MCA, provides for increased reinfluxement increased price in the provided increased reinfluxement increased reinfluxement increased reinfluxement increased reinfluxement increased reinfluxement increased reinfluxement in the Orthor of Public instruction, (10.116 Ark provides guidelines for such). Student Name School Grade The Breat of the County Transportation Committee. In the Breat of the County Transportation Committee. In the Breat of School Grade Student Name School Grade Student Name School Grade Student Name School Grade Student Name School Grade The Student Name School Grade The Student Name School Grade Student Name School Grade The Student Name School G	Elementary District Responsible for	or Reimbursing the Cor	ntract	County		Legal Entity
Is this contract shared between elementary and high school? yes no Are you applying for isolation status? Yes No (If yes, please attach explanation) SIBOLATION: Scrioz 30-16142, MCA, provides for increased reinfluxement increased price in the provided increased reinfluxement increased reinfluxement increased reinfluxement increased reinfluxement increased reinfluxement increased reinfluxement in the Orthor of Public instruction, (10.116 Ark provides guidelines for such). Student Name School Grade The Breat of the County Transportation Committee. In the Breat of the County Transportation Committee. In the Breat of School Grade Student Name School Grade Student Name School Grade Student Name School Grade Student Name School Grade The Student Name School Grade The Student Name School Grade Student Name School Grade The Student Name School G	Van Norman Flem			Garfie	۶ld	0382
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Room & Board Correspondence Reg. Room & Board Correspondence Reg. Correspondence Reg. Room & Board Correspondence Reg. Correspondence Reg. Correspondence Reg. County name) County hereinafter referred to as the District, county and OPI use only) Regider Trans Room & Board Correspondence Reg. County name) County name) County name) County hereinafter referred to as the District, county and OPI use only) Regider Trans Room & Board Correspondence Reg. County name) County name) County hereinafter referred to as the District, of State of Parts and State of State of Parts and St		onsible for Reimbursin	g the Contract		nu .	
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Room & Board Correspondence Reg. Room & Board Correspondence Reg. Correspondence Reg. Room & Board Correspondence Reg. Correspondence Reg. Correspondence Reg. County name) County hereinafter referred to as the District, county and OPI use only) Regider Trans Room & Board Correspondence Reg. County name) County name) County name) County hereinafter referred to as the District, county and OPI use only) Regider Trans Room & Board Correspondence Reg. County name) County name) County hereinafter referred to as the District, of State of Parts and State of State of Parts and St						
Solution		n elementary and h	igh school?	<u> </u>		
Student Name			□ No	Student Nam	ne School	Grade
Intension for special corunstations of testidence. In order to receive intronseed rates, included accounted committee, and the Chicke of Public Institution. (I.O. 7:18 ARM) provides guidelines to such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no	(If yes, please attach explanations) ISOLATION: Section 20-10-142.	tion) MCA. provides for incr	reased reimbursement		C GGIOOI	Orace
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no no no no no no no n	rates for special circumstances of increased rates, individual circumstrustees of the district, the county	isolation of residence. stances must be review transportation committ	In order to receive ved and approved by the ee, and the Office of	Student Nam	ie School	Grade
Elem District Approval yes	Check here only if increased paym	nent due to isolation ha	as been approved by the	Student Nam	ie School	Grade
Parent or Guardian Name: (Please Print) Pre-kindergarten Child Indes with Contract 1st Semester Only Parent Only Parent Name Name Name Name Name Name Name Name	Elem District Approval ☐ yes	Initials □ no		Student Nam	ie School	Grade
Monte Billing Physical Address (street address only): Distance from home to nearest school (one way) Elementary 8 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Sudents in Each Grade Level - Only include the students to be covered by this contract. Pre-K Total Total Total Total Total Total COUNTY SUPERINTENDENTS: Send original to OPI by July 1, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) and school district (district name) and school district (district name) and school district (district name)	County Approval	□ no				
Physical Address (street address only):	Parent or Guardian Name: (Pl	ease Print)				Only Both Semesters
Distance from home to nearest school (one way) Elementary 8 HS 0 Distance from home to nearest school (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level-Only include the students to be covered by this contract. Pre-K K Total Total Total Total For Total Total Total Total Correspondence Reg. Contract Reg. Contingency Spec. Ed. Contin. Regular Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District(s). The parties agree as follows: In the patient shall be computed on the basis of the student(s) to and from the school of bus stop on the days when school is in season. The parent or guardian assures that a licensed and the factor of the basis energies the student(s) to a bota transportation for the student(s) to a bota transportation for the student(s) to a bota transportation for the student(s) to a bus stop on the days when school is in season. The parent or guardian assures that a licensed and the state and the student of the student(s) was transported for the basis energies the student(s) was transported for the basis energies. Claim For Pre-K Reg. County name) County name County name the students are valid only when transportation for the distance reported on the contract schall be student(s) to and from the school or bus stop on the days when school is in season. The parent or guardian assures that a licensed and the state of the basis energies of the basis energies. The parties agree as follows: The parties that the action the subdent(s) to be object on the contract actually on purpose of the school and the subdent(s) was transported for the past semister. The parties that the actual the subdent(s) is no longer enrolled in school, whichever occurs first. Date I attest that the above information is true and correct.	Monte Billing Physical Address (street address)	ess only):				r Only □ Both Semesters
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Distance from home to nearest Elementary 0 HS 0 Contract is for one-way on Students in Each Grade Level - Only inc Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	st bus stop, if any (o	overed by this contract.	KINDERGAR Kindergarte by this cont To or from Bi To or from Bi To or from Bi To or from Si Deadlines PARENTS: CLERKS: Si files.	RTEN/PREKINDERGARTEN: n child rides with other schract: us Stop times per dichool times per dischool Clerk June 1. Bus to School Clerk June 1. Bus to School Clerk June 1. REIMBURSEMEN GEIMBURSEMEN (For district, county and Reimbursement rate is dischool times.	days per week ay, days per week ay July 1, retain a copy for your riginal to OPI by July 10, retain a
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	(county name) The parties agree as follows: 1. The parent shall transport or proinsured driver will transport the search of the past semester transported for the past semester that the payment shall be computed the transported for the decomputed the past semester that the payment shall be computed the past semester that the payment shall terminate at the Elementary School District	vide transportation for the students. Mileage contract hall pay the parent the sur r. on the basis of the sched he end of the school year	County, hereina student(s) to and from the schoots are valid only when transporten officially approved in the applique established in Section 20-10 or when the student(s) is no longer	after referred to as the older of the days what on for the distance reported cation upon certification by the 142, MCA, and the information of the distance reported the theorem in the theorem of the distance of the distanc	e District(s). then school is in session. The parent or d on the contract actually occurs. the teacher or principal of the school of the sch	the number of days the student(s) was
		Chair, Board	of Trustees			Date
			I attest that the above	e information is true a	nd correct.	
	Signature - Parent or Guardian					

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501				ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	·	Legal Entity	
Van Norman Ele	em					Garfield		0382	
High School or K-12 D	istrict Responsil	ole for Reimbur	sing the Con	tract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?					
Are you applying for (If yes, please attact	h explanation))	□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residen ces must be rev sportation com	ce. In order t viewed and ap nittee, and th	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval	□ yes		ials		Stud	dent Name	School	Grade	
County Approval	□ yes	□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Or	nly Both Semesters	
Sidney Bollinge Physical Address (s	r street address	only):				kindergarten/Kinder st Semester Only		nly Both Semesters	
					KIN	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home Elementary 13	e to nearest so HS 0	chool (one wa	y)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school- times per day,	-age students also covereddays per weekdays per week	
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if any	(one way)		Kin d To d	dergarten child ride or from Bus Stop	es <u>without</u> other sch times per day,	ool-age students: days per week days per week	
□ Contract is for o	ne-way only				100	or from School	unles per day,	days per week	
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	De:	adlines: RENTS: Due to Sch	ool Clerk June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your				
Regular Trans					files				
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	IDENTS: Send origin	nal to OPI by July 10, retain a	
Room & Board							IMBURSEMENT F		
Correspondence						(For dist	rict, county and OP	ruse only)	
Reg. Contingency						Reimb	ursement rate is deter	rmined by	
Spec. Ed. Contin.							20-10-142, MCA.		
		<u>'</u>							
Agreement between	n parent (pare	nt name)			, and	d school district (dist	rict name)		
(county name)				County, hereinaf	ter referred	to as the District(s).			
	ansport or provide							rdian assures that a licensed and	
	, the District shall p					nce reported on the contraction by the teacher or p		number of days the student(s) was	
 The payment shall This contract shall 	be computed on the terminate at the er					the information accompany chool, whichever occurs firs			
Elementary School Van Norman Elem			rd of Truste					Date	
High School District	t	Chair, Boa	Chair, Board of Trustees Date						
		<u> </u>	I attes	t that the above	information	is true and correct.		<u> </u>	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	0-2501				ol Clerk June 1		
Elementary District Re	esponsible for R	eimbursing the	Contract			County		Legal Entity
Van Norman El	em					Garfield		0382
High School or K-12 D		ble for Reimbu	ırsing the Con	tract		County		Legal Entity
Is this contract shar	red between e	lementary ar	nd high scho	ol?				
Are you applying fo	r isolation stat	tus? □ Yes	□ No		04	d-14 NI-1-1	Ochool	01-
(If yes, please attaction: Section	h explanation)	increased rei	mhursement	Stud	dent Name	School	Grade
rates for special circur increased rates, individual	nstances of isol	ation of reside	nce. In order t	to receive	Stud	dent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr District Trustees and t				oproved by the	Stud	dent Name	School	Grade
Elem District Approval	-		itials		Stud	dent Name	School	Grade
HS District Approval County Approval	□ yes				THI	S CONTRACT IS FO	OR:	
Parent or Guardian					Gra	des 1-12 st Semester Only	☐ 2nd Semester Only	y □ Both Semesters
William E. Helm	1					,	•	y Doin Semesters
Physical Address (s		only):				-kindergarten/Kinder st Semester Only	garten	y Both Semesters
					KIN	DERGARTEN/PRE	KINDERGARTEN:	
Distance from home	e to nearest so	chool (one w	av)		Kin	dergarten child ride	es with other school-a	age students also covered
Elementary 13	HS 0	(- ,,		To	or from Bus Stop	times per day, _	days per week
Distance from home Elementary 0	e to nearest b	us stop, if an	y (one way)		Kin To d	dergarten child ride or from Bus Stop	es <u>without</u> other scho times per day, _	days per week
□ Contract is for o	ne-way only				То	or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to	be covered by th	is contract.	<u>De</u>	adlines:	I Ola de Jeura 4	
	Pre-K	K	1-8	9-12		RENTS: Due to Sch		
	Total	Total	Total	Total	CLE files		I to County Supt by July	y 1, retain a copy for your
Regular Trans					CO	UNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					сор	y for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						(3. 2.3.	,,	,,
Reg. Contingency						Reimb	ursement rate is detern	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	n parent (pare	nt name)			, and	d school district (dist	rict name)	,
(county name)				County, hereinaf	fter referred	I to as the District(s).		
The parties agree as follow		transportation fo		,		()		lian assures that a licensed and
In March and June	, the District shall					nce reported on the contra fication by the teacher or p		mber of days the student(s) was
	be computed on t					the information accompany		
Elementary School			ard of Truste		er emoned in Si	chool, whichever occurs firs	DL.	Date
Van Norman Elem High School District	t	Chair, Bo	ard of Truste	ees				Date
			1 -44	4 4 4 4 4 4 5 - 1	info	in two and		
Signature - Parent or	Guardian		ı attes	tnat the above	intormation	is true and correct.	Date	
orginature - Farent Of	Juai Ulali						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501			e to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the C	Contract		County	<u> </u>	Legal Entity		
Van Norman Ele	em				Garfield		0382		
High School or K-12 D		ole for Reimburs	sing the Con	tract	County		Legal Entity		
Garfield County	HS				Garfield		0378		
Is this contract share ☐ yes ☐ no	ed between el	ementary and	high scho	ol?					
Are you applying for (If yes, please attack	n explanation)	1	□ No		Student Name	School	Grade		
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.)	stances of isola lual circumstand the county trans	ation of residences must be revi sportation comm	e. In order to sewed and applittee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and the	eased payment	due to isolation	has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Initi □ no	als		Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters		
Robert Gibbs					Pre-kindergarten/Kinder	garten			
Physical Address (s	treet address	only):			☐ 1st Semester Only		y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 31 to nearest bu HS 5		,		by this contract: To or from Bus Stop To or from School Kindergarten child ride	es <u>with</u> other school-a times per day, _ times per day, _ es <u>without</u> other scho	days per week days per week days per week ol-age students: days per week days per week days per week days per week		
☐ Contract is for or	, ,	#b####-							
Students in Each Grade Le					Deadlines: PARENTS: Due to Scho	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for you files.				
Regular Trans					COUNTY SUPERINTEN	IDENTS: Send origina	ıl to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.				
Room & Board					RE	EIMBURSEMENT RA			
Correspondence									
Reg. Contingency					Reimbi	ursement rate is detern	nined by		
Spec. Ed. Contin.						20-10-142, MCA.			
				<u>. </u>					
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	-		
(county name)				County, hereinaf	ter referred to as the District(s).				
The parties agree as follow		ransportation for t		•	or bus stop on the days when school is in		ian assures that a licensed and		
In March and June,	the District shall p				on for the distance reported on the contraction upon certification by the teacher or p		mber of days the student(s) was		
transported for the 3. The payment shall	be computed on the	ne basis of the sch	edule establish	ned in Section 20-10-1	42, MCA, and the information accompany er enrolled in school, whichever occurs firs	ring this contract.			
Elementary School		Chair, Boar			e emoneu in school, whichever occurs firs	ı.	Date		
Van Norman Elem High School District		Chair, Boar	d of Truste	es			Date		
Garfield County H S									
01			I attes	t that the above i	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 ia, MT 59620	-2501		Du	ie to Scho	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity
Pine Grove Elen	n					Garfield		0385
High School or K-12 Di		ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stuc	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement		icht ivanic	CCHOOL	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstanc the county trans	tion of resider ces must be re sportation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval	□ yes		itials			lent Name	School	Grade
County Approval	□ yes	□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Angie Chamberl Physical Address (st		only):				kindergarten/Kinder st Semester Only		y Both Semesters
Distance from home Elementary 7.8 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	ıs stop, if an	y (one way)	s contract. 9-12 Total	KIN Kind by the Took Kind Took Took Took Took Took Took Took Too	DERGARTEN/PREP dergarten child ride his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files. RENTENTENTENTENTENTENTENTENTENTENTENTENTE	times per day,times per day,tool Clerk June 1.	days per week days per week days per week ol-age students: days per week
insured driver will tr 2. In March and June, transported for the The payment shall	rs: Insport or provide to ansport the studer the District shall posats semester. De computed on the erminate at the en	ransportation for the substantial three transfers of the substantial three transfers of the substantial	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longer	fter referred or bus stop on ion for the dista ation upon certi	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Truste	es				Date
			l attest	that the above	information	is true and correct.		
Signature - Parent or	Guardian		i allesi	that the above	iiioiiialioii	is true and correct.	Date	
3								

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Cle	erk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cour	nty		Legal Entity
Pine Grove Eler	m				Gar	field		0385
High School or K-12 D		ole for Reimbu	rsing the Cont	tract	Cour			Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?	<u> </u>			
Are you applying for			□ No		Student N	ame	School	Grade
(If yes, please attac ISOLATION: Section			increased reir	mbursement	Olddelli 14	anic	Concor	Ciudo
rates for special circun increased rates, individ					Student N	ame	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr	·	J	·	proved by the	Student N	ame	School	Grade
District Trustees and the		sportation Com		,				
Elem District Approval HS District Approval	•	□ no			Student N	ame	School	Grade
County Approval	□ yes	□ no			THIS CON Grades 1-	NTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				nester Only	☐ 2nd Semester Only	/ □ Both Semesters
Barbara Clark Physical Address (s	troot addraga	anh ()				garten/Kinder		
Physical Address (s	lieel address	oriiy).			□ 1st Ser	nester Only	□ 2nd Semester Only	/ □ Both Semesters
							KINDERGARTEN:	ge students also covered
Distance from home Elementary 8.5	e to nearest so HS 0	chool (one wa	ıy)		by this co	ntract:	· · · · · · · · · · · · · · · · · · ·	
•			,		To or from	i Bus Stop i School	times per day, _ times per day, _	days per week days per week pl-age students:
Distance from home Elementary 0	e to nearest bu HS 0	is stop, if any	(one way)		Kinderga To or from	r ten child ride n Bus Stop	es <u>without</u> other school times per day.	ol-age students: davs per week
□ Contract is for o	ne-way only				To or from	School	times per day, _	days per week
Students in Each Grade Lo	, ,	the students to b	e covered by th	is contract.	<u>Deadlin</u>			
	Pre-K	К	1-8	9-12	PARENTS	S: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: files.	Send origina	I to County Supt by July	1, retain a copy for your
Regular Trans							IDENTO O I III	0011 11 40 11
Spec. Ed. Trans					copy for y		IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE
Correspondence							rict, county and OPI	
Reg.								
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WOA.	
Agreement betweer	n parent (pare	nt name)			, and scho	ol district (dist	rict name)	
(county name)				County, hereinaf	ter referred to as	the District(s).		
	ansport or provide							an assures that a licensed and
	, the District shall p				on for the distance reportion upon certification			nber of days the student(s) was
The payment shall	be computed on the				42, MCA, and the infor			
Elementary School Pine Grove Elem			rd of Truste					Date
High School District		Chair, Boa	rd of Truste	es				Date
			Lattes	t that the above i	nformation is true	and correct		
Signature - Parent or	Guardian		ı alles	t tilat tile dbove l	nformation is true	anu correct.	Date	
							l	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620)-2501		Du	e to Schoo	l Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Pine Grove Eler	m					Garfield		0385
High School or K-12 D		ole for Reimbu	rsing the Cont	tract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				•
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement	Otaa	Sittivanio	Concor	Ciudo
rates for special circun increased rates, individ	dual circumstand	ces must be re-	viewed and ap	oproved by the	Stude	ent Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of				····
Check here only if incr District Trustees and the				proved by the	Stude	ent Name	School	Grade
Elem District Approval	•		tials		Stude	ent Name	School	Grade
HS District Approval County Approval	□ yes □	□ no			THIS	CONTRACT IS FO	DR:	
Parent or Guardian					Grad	es 1-12 t Semester Only		/ □ Both Semesters
Tim & Dana Phi	pps					·	•	
Physical Address (s	treet address	only):				indergarten/Kinder t Semester Only		/ □ Both Semesters
						ERGARTEN/PRE		
Distance from home	e to nearest so	chool (one wa	ıy)			ergarten child ride is contract:	es <u>with</u> other school-a	ge students also covered
Elementary 15.3	HS 0				To or	from Bus Stop	times per day, _	days per week
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if any	(one way)		Kind To or	ergarten child rider from Bus Stop	es <u>without</u> other school times per day, _	days per week ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only				То о	from School	times per day, _	days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.		dlines: ENTS: Due to Sch	aal Clark lung 1	
	Pre-K	_ K	1-8	9-12				
	Total	Total	Total	Total	CLEI files.	RKS: Send original	to County Supt by July	/ 1, retain a copy for your
Regular Trans					COU	NTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans						for your files.	DEITTO: Cond ongina	
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						D a in-la-		the sell beau
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	lined by
Spec. Ed. Contin.								
Agreement betweer	n parent (parei	nt name)			, and	school district (distr	rict name)	
(county name) The parties agree as follow	vs.			County, hereinaff	ter referred	to as the District(s).		
 The parent shall tra 	ansport or provide					he days when school is in ce reported on the contrac		an assures that a licensed and
 In March and June transported for the 	, the District shall p past semester.	pay the parent the	sum officially a	pproved in the applica	ation upon certifi	cation by the teacher or p	rincipal of the school of the nur	nber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school y	ear or when the	student(s) is no longe		ne information accompany nool, whichever occurs firs		Dete
Elementary School Pine Grove Elem		Chair, Boa	rd of Truste	es				Date
High School District		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501			e to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the C	Contract		County		Legal Entity
Pine Grove Eler	n				Garfield		0385
High School or K-12 Di		ole for Reimburs	sing the Con	tract	County		Legal Entity
Garfield County	HS				Garfield		0378
Is this contract share ☐ yes ☐ no	ed between el	ementary and	high scho	ol?			
Are you applying for (If yes, please attacl	n explanation)	1	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ition of residences must be revi sportation comm	e. In order to sewed and applittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Initi □ no	als		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Tammy Shawve					Pre-kindergarten/Kinder	garten	
Physical Address (s	treet address	only):			☐ 1st Semester Only	☐ 2nd Semester Only	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0		,		by this contract: To or from Bus Stop To or from School Kindergarten child ride	es <u>with</u> other school-a times per day, _ times per day, _ es <u>without</u> other scho	days per week days per week days per week ol-age students: days per week days per week days per week days per week
□ Contract is for or	, ,						
Students in Each Grade Le	evel - Only include				Deadlines: PARENTS: Due to Scho	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original files.	to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COUNTY SUPERINTEN	IDENTS: Send origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RE	EIMBURSEMENT RA	
Correspondence							
Reg. Contingency					Reimbi	ursement rate is detern	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
		1		<u>'</u>			
Agreement between	parent (parei	nt name)			, and school district (dist	rict name)	,
(county name)				County hereinaf	ter referred to as the District(s).		
The parties agree as follow		ransportation for t		•	or bus stop on the days when school is in		ian assures that a licensed and
insured driver will to	ansport the stude	nts. Mileage contr	acts are valid	only when transportation	on for the distance reported on the contraction upon certification by the teacher or p	ct actually occurs.	
transported for the 3. The payment shall	be computed on the	ne basis of the sch	edule establish	ned in Section 20-10-1	42, MCA, and the information accompany	ring this contract.	
4. This contract shall Elementary School I		chair, Boar			er enrolled in school, whichever occurs first	it.	Date
Pine Grove Elem		ŕ					
High School District Garfield County H S		Chair, Boar	u or rruste				Date
			I attes	t that the above i	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, M	T 59620-2501		Du	e to School	ol Clerk June 1		
Elementary District Respons	ible for Reimbursing th	ne Contract			County		Legal Entity
Kester Elem					Garfield		0386
High School or K-12 District	Responsible for Reimb	oursing the Contr	ract		County		Legal Entity
Is this contract shared be ☐ yes ☐ no	tween elementary a	and high schoo	ol?				
Are you applying for isola		□ No		Stud	ent Name	School	Grade
(If yes, please attach exp ISOLATION: Section 20-10-	lanation) -142, MCA, provides fo	or increased reim	nbursement	0.00		3 3 3 3.	5.445
rates for special circumstance increased rates, individual circustees of the district, the conceptual increases and public Instruction. (10.7.116)	rcumstances must be ounty transportation co	reviewed and ap mmittee, and the	proved by the	Stud	ent Name	School	Grade
Check here only if increased District Trustees and the Cou	payment due to isolat	ion has been app	proved by the	Stud	ent Name	School	Grade
Elem District Approval	res 🗆 no	nitials		Stud	ent Name	School	Grade
County Approval					<u>S CONTRACT IS FO</u> les 1-12	<u>DR:</u>	
Parent or Guardian Name	e: (Please Print)				st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Terry Coldwell Physical Address (street	address only):				kindergarten/Kinderg st Semester Only		y Both Semesters
□ Contract is for one-was Students in Each Grade Level - C	HS 0 earest bus stop, if a S 0 ay only	ny (one way)	s contract. 9-12 Total	Kinc by tl To o To o Kinc To o To o Dea PAR CLE files.	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original INTY SUPERINTEN for your files. RE RE RE RE RE RE RE RE RE R	times per day, tool Clerk June 1.	days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only)
insured driver will transport In March and June, the Distransported for the past see The payment shall be conducted. This contract shall terminate Elementary School District Kester Elem	or provide transportation or the students. Mileage of strict shall pay the parent mester. Inputed on the basis of the late at the end of the school of the s	for the student(s) to ontracts are valid of the sum officially are schedule establish- ol year or when the	County, hereinaft and from the school only when transportation proved in the applicated ed in Section 20-10-10- student(s) is no longe	ter referred or bus stop on on for the distar tion upon certif 42, MCA, and t	to as the District(s). the days when school is in ice reported on the contrac ication by the teacher or pu	ct actually occurs. rincipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was
High School District	Chair, Bo	oard of Trustee					Date
		I attest	that the above i	nformation	is true and correct.		
Signature - Parent or Guard	dian	<u> </u>				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620)-2501		Due to School Clerk June 1						
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Le	egal Entity		
Kester Elem					Garfield	I	0:	386		
High School or K-12 Di	strict Responsil	ole for Reimbur	sing the Con	tract	County		Le	egal Entity		
Garfield County	HS				Garfield		0:	378		
Is this contract share	ed between el	ementary and	d high scho	ol?						
Are you applying for			□ No		Student Name	Schoo		Grade		
(If yes, please attach ISOLATION: Section 2	n explanation)) A. provides for i	ncreased reir	mbursement	Student Name	30100	1	Grade		
rates for special circum increased rates, individ	stances of isola	ation of residen	ce. In order t	o receive	Student Name	Schoo	l	Grade		
trustees of the district, Public Instruction. (10.7)	the county trans	sportation comr	nittee, and th							
Check here only if incre	eased payment	due to isolation	n has been ar	proved by the	Student Name	Schoo	1	Grade		
District Trustees and th		sportation Com			Of the stable see	0.1		- Orada		
Elem District Approval HS District Approval		□ no □ no			Student Name	Schoo	1	Grade		
County Approval	□ yes	no Drint)			THIS CONTRA Grades 1-12	CT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semeste	er Only	nester Only	Both Semesters		
Deb Thomas Physical Address (st	treet address	only).			Pre-kindergarte		t Ol	- D-41- O		
1 Trysical Address (S	ircci addicas	omy).				r Only 2nd Sen	•	Both Semesters		
						EN/PREKINDERGAR child rides with othe		tudents also covered		
Distance from home Elementary 0	to nearest so	chool (one wa	y)		by this contract	ct:	_			
Distance from home		is stop if any	(one way)		To or from Scho	Stop times	per day,	days per week		
Elementary 0	HS 0	is stop, il ally	(Offic way)		To or from Bus	child rides <u>without</u> o Stop times	per day,	days per week		
□ Contract is for or	ne-way only				To or from Scho	ool times	per day,	days per week		
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	Deadlines:					
	Pre-K	K	1-8	9-12		ie to School Clerk Jur				
	Total	Total	Total	Total	CLERKS: Sen files.	d original to County S	upt by July 1, r	etain a copy for your		
Regular Trans					COUNTY SUP	FRINTENDENTS: Se	end original to (OPI by July 10, retain a		
Spec. Ed. Trans					copy for your fil		and original to c	or r by outy 10, retain a		
Room & Board						REIMBURSE				
Correspondence						(For district, county	and OPI use	only)		
Reg.						- · · · · · · · · · · · · · · · · · · ·				
Contingency						Reimbursement rate 20-10-14		by		
Spec. Ed. Contin.										
Agreement between	parent (pare	nt name)			, and school dis	trict (district name)		,		
(county name)				County, hereinaf	ter referred to as the D	District(s).				
	nsport or provide				or bus stop on the days when			sures that a licensed and		
 In March and June, transported for the 	the District shall past semester.	pay the parent the	sum officially a	pproved in the applica	tion upon certification by the t	teacher or principal of the sch	nool of the number o	f days the student(s) was		
The payment shall This contract shall	be computed on the terminate at the er	nd of the school y	ear or when the	student(s) is no longe	42, MCA, and the information r enrolled in school, whichever		•			
Elementary School I Kester Elem	District	Chair, Boa	rd of Truste	es			Da	ate		
High School District Garfield County H S		Chair, Boa	rd of Truste	es			Da	ate		
Same County 11 S		<u> </u>	I attes	t that the above	nformation is true and	correct.				
Signature - Parent or	Guardian					Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County		Legal Entity	
Benzien Elem						Garfield		0388	
High School or K-12 D	istrict Responsit	le for Reimbur	sing the Cont	ract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high schoo	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be revenued. The second comments of the seco	ce. In order to riewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Init □ no			Stud	dent Name	School	Grade	
County Approval	□ yes	no				<u>S CONTRACT IS FO</u> des 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters	
Ronda Rogge Physical Address (s	troot address	only):				-kindergarten/Kinder			
1 Hysical Address (s	illeet address	Offig).				·		ly Doth Semesters	
Distance from home Elementary 20 Distance from home Elementary 0 Contract is for o	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.	Kin by t To c Kin To c To c	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines:	times per day,	days per week days per week days per week ool-age students: days per week days per week days per week days per week	
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans							IDENTS: Sond origin	al to OPI by July 10, retain a	
Spec. Ed. Trans						y for your files.	DENTS: Send ongin	ar to Or 1 by July 10, retain a	
Room & Board							EIMBURSEMENT R		
Correspondence						(i oi dist	not, county and or	r dac orny)	
Reg. Contingency						Reimb	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)	,	
(county name) The parties agree as follow	MC.			County, hereinaf	ter referred	I to as the District(s).			
The parent shall tra	ansport or provide t					the days when school is in ince reported on the contract		rdian assures that a licensed and	
 In March and June transported for the 	, the District shall p past semester.	ay the parent the	sum officially a	pproved in the applica	ation upon cert	ification by the teacher or p	rincipal of the school of the no	umber of days the student(s) was	
 This contract shall 	terminate at the en	d of the school ye	ear or when the	student(s) is no longe		the information accompany chool, whichever occurs first			
Elementary School Benzien Elem	District	Chair, Boa	rd of Truste	es				Date	
High School District		Chair, Boa	rd of Truste	es				Date	
		<u> </u>	I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620)-2501		S Du			
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Benzien Elem					Garfield		0388
High School or K-12 Di	strict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Garfield County	HS				Garfield		0378
Is this contract share ☐ yes ☐ no	ed between e	lementary an	d high scho	ol?			
Are you applying for (If yes, please attach	n explanation)	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstand the county trans	ation of residen ces must be re- sportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	to receive pproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	oproved by the	Student Name	School	Grade
		□ no	tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Mark Johnson					Pre-kindergarten/Kinder	garten	
Physical Address (st	reet address	only):			☐ 1st Semester Only		y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 40 to nearest bu HS 29 ne-way only	us stop, if any	/ (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files. RE (For dist	times per day, times to County Supt by July	days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only)
insured driver will tr 2. In March and June, transported for the The payment shall	rs: nsport or provide ansport the stude the District shall poast semester. be computed on the	transportation for nts. Mileage con pay the parent the	the student(s) t tracts are valid e sum officially a	o and from the school only when transportation approved in the application Section 20-10-1	, and school district (district referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contration upon certification by the teacher or p. 42, MCA, and the information accompanier enrolled in school, whichever occurs fire	session. The parent or guardict actually occurs. rincipal of the school of the nur	
Elementary School I Benzien Elem			ard of Truste		,		Date
High School District Garfield County H S		Chair, Boa	ard of Truste	es			Date
zamina county i i o			I attes	t that the above i	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Sand Springs Elem Sand Springs Elem Garfield Garfield		x 202501 a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1				
Is this contract shared between elementary and high school? yes	Elementary District Resp	onsible for Re	imbursing the	Contract			County		Legal Entity		
Is this contract shared between elementary and high school? yes	Sand Springs Fle	m					Garfield		0392		
Agreement between parent (parent name) Regular Trans Spec. Ed. Crotin. Regular Trans Regular Trans Spec. Ed. Crotin. Regular Trans Spec. Ed. Crotin. Regular Trans Regular T	High School or K-12 District Responsible for Reimbursing the Contract										
Agreement between parent (parent name) Regular Trans Spec. Ed. Crotin. Regular Trans Regular Trans Spec. Ed. Crotin. Regular Trans Spec. Ed. Crotin. Regular Trans Regular T											
Student Name School Grade Student Name School Grade Student Name School Grade This county Agrows School Grade This county School Grade Th		d between ele	ementary ar	nd high schoo	ol?						
State Stat				□ No		Stuc	lent Name	School		Grade	
Increased rates, individual croumstances must be reviewed and approved by the traitestes of the dark, the county franceptation committee. Student Name	(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	0.00		30331		0.000	
Student Name School Grade	increased rates, individu trustees of the district, th	al circumstanc le county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stuc	lent Name	School		Grade	
Student Name School Grade	Check here only if increased payment due to isolation has been approved by the						lent Name	School		Grade	
Parent or Guardian Name: (Please Print)	HS District Approval		□ no	itials							
Substance from home to nearest school (one way) Substance from home to nearest school (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to nearest bus stop, if any (one way) Substance from home to headest bus stop, if any (one way) Substance from home to headest bus stop, if any (one way) Substance from home to headest bus stop in the substance from home to headest bus stop in the substance from School Substance from								<u>DR:</u>			
Physical Address (street address only): Semester Only 2nd Semester Only Both Semesters	Parent or Guardian N	ame. (Please	e Pilili)			□ 1	st Semester Only	□ 2nd Semester Onl	y Both Seme	esters	
Substance from home to nearest school (one way)		eet address o	only):								
County name County, hereinafter referred to as the District(s). The parties agree as follows: The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date	Elementary 10 Distance from home to Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	HS 0 o nearest bu HS 0 e-way only el - Only include to	the students to t	y (one way) De covered by this	9-12	Kind by ti To co Kind To co To co Dea PAR CLE files	dergarten child ride his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School defines: RENTS: Due to Sch der RENTS: Send origina der School der S	times per day,	days podays polage students: days polage stu	er week er week er week er week	
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	(county name) The parties agree as follows: 1. The parent shall trans insured driver will trans 2. In March and June, the transported for the pate of	sport or provide to sport the studen ne District shall pusts semester. e computed on th rminate at the en	ransportation for this. Mileage cor ay the parent the the basis of the so d of the school of	r the student(s) to tracts are valid o e sum officially ap chedule establish year or when the	County, hereinaf o and from the school only when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longer	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in nce reported on the contra- fication by the teacher or p the information accompany	session. The parent or guard ct actually occurs. rincipal of the school of the nu ring this contract.	mber of days the studen		
			Chair, Boa	ard of Trustee	es				Date		
				I attest	that the above	information	is true and correct.				
	Signature - Parent or G	iuardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	x 202501 ı, MT 59620	-2501		Du	e to Scho	ol Clerk June 1				
Elementary District Resp	onsible for Re	imbursing the	Contract			County	I	Legal Entity		
Ross Elem						Garfield		0394		
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity		
Is this contract shared □ yes □ no	l between ele	ementary an	nd high school	ol?						
Are you applying for is			□ No		Stu	dent Name	School	Grade		
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142. MCA	. provides for	increased rein	nbursement	Otac	icht ivanic	CCHOOL	Grade		
rates for special circums increased rates, individuations trustees of the district, the	tances of isola al circumstanc e county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	dent Name	School	Grade		
Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.						lent Name	School	Grade		
Elem District Approval yes no HS District Approval yes no				Student Name School Gra						
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian N	ame: (Please	e Print)				st Semester Only	☐ 2nd Semester Only	y ☐ Both Semesters		
Dianne J. Collins Physical Address (stre	eet address	only):				Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home to Elementary 13 Distance from home to Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 o nearest bu HS 0 e-way only	s stop, if any	y (one way)	s contract. 9-12 Total	Kinn by t To c Kinn To c To c Dea PAF CLE files	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files. RENTS: RENTENTEN OF FOR SCHOOL RENTENTEN OF FOR SCHOOL RENTS: RE	times per day, times	days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only)		
insured driver will tran 2. In March and June, the transported for the part of the payment shall be	sport or provide to asport the studen e District shall p. st semester. c computed on the minate at the en	ransportation for its. Mileage con ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was		
High School District		Chair, Boa	ard of Trustee	es				Date		
		1	I attest	that the above i	information	is true and correct.		l		
Signature - Parent or G	uardian						Date			